

Urban District of Garforth



ANNUAL REPORT

of the

Medical Officer of Health

(A. L. TAYLOR, M.D., Ch.B., D.P.H.)

and the

Public Health Inspector

(R. A. NAYLOR, C.R.S.H., M.A.P.H.I.)

1963

WAKEFIELD

W. H. MILNES (SUCCS.) LTD.



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GARFORTH URBAN DISTRICT COUNCIL

Chairman of the Council:

Councillor T. Biscombe, J.P.

Vice-Chairman:

Councillor I. Spencer.

Public Health Committee:

Chairman: Councillor P. Wall.

Vice-Chairman: Councillor H. Rhodes.

Councillor D. Benn.

Councillor J. Jewell.

Councillor C. Mason.

Councillor A. Prince, B.E.M.

Councillor F. W. Riley.

Councillor H. Taylor.

Councillor W. White.

Medical Officer of Health:

A. L. Taylor, M.D., D.P.H.

Public Health Inspector:

R. A. Naylor, C.R.S.H., M.A.P.H.I.

Clerk of the Council:

E. Wigglesworth.

GARFORTH URBAN DISTRICT COUNCIL

ANNUAL REPORT

OF THE

Medical Officer of Health,
1963

To the Chairman and Members of the
Garforth Urban District Council.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present for your consideration the Annual Report of your Medical Officer of Health on the health and well-being of your District and community. As usual, I will include herein an account of those services administered in the Health Division, of which Garforth forms part, on behalf of the West Riding County Council.

No outstanding incidence of Infectious Disease occurred during the year, nor was there any significant outbreak of food poisoning.

Garforth proper continues to grow and is destined, in the near future, to become a town, rather than a village. In addition, land is being increasingly released for light industry and this will inevitably have a beneficial effect on the community.

A Mental Welfare Training Centre was opened at Rothwell towards the end of the year and is now in full occupation. Indeed, there is evidence that in the fairly near future there will be a waiting list for adult trainees.

It is with pleasure that I make my usual acknowledgment to the Clerk and officials of your Council for the many kindnesses which they have shown me during the year. To Mr. Naylor and his colleagues in the Health Department also I should like to pay tribute for maintaining the already high standard of efficiency and promptness which one has become accustomed to expect from them.

Last, but not least, may I express my appreciation of the kindness which you yourselves have shown me during the year.

I remain, Ladies and Gentlemen,

Yours faithfully,

A. L. TAYLOR,

Medical Officer of Health.

GARFORTH URBAN DISTRICT COUNCIL

STATISTICAL MEMORANDA FOR 1963

Area in Acres	...	...	...	4,020
Registrar General's Estimate of Population for 1963				16,110
Number of Inhabited Houses, 1963, according to Rate Book	...	...	...	5,576
Rateable Value, Year commencing 1.4.63	...			£299,130
Net Product of a Penny Rate, Year commencing 1.4.63				£1,186

VITAL STATISTICS IN 1963

				M.	F.	Total
Live Births.						
Legitimate	...	...	...	154	144	298
Illegitimate	...	...	...	5	4	9
			Total	...	159	148
						307

Live Birth Rate per 1,000 population (adjusted) 18·3

Still Births.

Legitimate	...	...	...	4	2	6
Illegitimate	...	...	...	—	—	—
			Total	...	4	2
						6

Still Birth Rate per 1,000 live and still births 19·2

Birth Rate (live and still) per 1,000 of the estimated resident population (adjusted) 18·65

Deaths.

				M.	F.	Total
All Ages	...	...	...	107	62	169
Death Rate per 1,000 of the estimated resident population (adjusted)	...				12·9	

	M.	F.	Total
Deaths of Infants under 1 year ...	3	4	7
Death Rate of Infants under 1 year :—			
All Infants per 1,000 live births ...			22·8
Legitimate Infants per 1,000 legitimate live births ...			23·4
Illegitimate Infants per 1,000 illegitimate live births ...			0·0
Neo-natal Mortality Rate per 1,000 live births			22·8
Illegitimate live births per cent. of total live births			2·9
Deaths from Diarrhoea (under 2 years of age)			0
Rate per 1,000 population ...	...		0
Rate per 1,000 live births ...	...		0·0
Deaths from Measles (all ages) ...	...		0
Deaths from Whooping Cough (all ages) ...	...		0
Deaths from Cancer (all ages) ...	...		33

Maternal Mortality.

Deaths ...	...	0
Rate per 1,000 (live and still) births	...	0·0

RECORD OF DEATHS IN AGE GROUPS, 1963

Age				Males	Females	Total
Under 1 year	...			8	4	7
1—5 years	...	...		—	—	—
5—10	„	...	..	—	1	1
10—15	„	...	...	—	—	—
15—20	„	...	...	1	—	1
20—25	„	...	...	—	2	2
25—35	„	...	...	1	—	1
35—45	„	...	...	4	1	5
45—55	„	...	...	4	2	6
55—65	„	...	..	22	10	32
65—70	„	...	...	17	5	22
70—75	„	...	...	18	6	24
75—80	„	...	...	14	12	26
80—85	„	...	...	12	10	22
85—90	„	...	...	11	9	20
Over 90 years...	...			—	—	—
Totals				107	62	169

PRINCIPAL VITAL STATISTICS FOR THE YEAR 1963

				Urban District of Garforth	Aggregate of Urban Districts	Aggregate of Rural Districts	West Riding Admin. County	England and Wales
Population	..	..	..	16,110	1,210,910	485,310	1,69 220	*
Births	{	Live	..	307	21,673	9,130	30,803	*
		Still	..	6	424	162	586	*
		Total	..	313	22,097	9,292	31,389	*
Deaths of Infants	{	Under 1 week		6	275	115	390	*
		Under 4 weeks		7	329	132	461	*
		Under 1 year		7	495	212	707	*
Deaths (all causes)	..	..	..	169	15,382	4,936	20,318	*

CRUDE AND ADJUSTED RATES

Live Birth	..	..	..	19·1	17·9	18·8	18·2	18·2
Adjusted Live Birth	..	..	..	18·3	18·4	18·2	18·3	
Death (All causes)	..	..	..	10·5	12·7	10·2	12·0	12·2
Adjusted Death	..	..	..	12·9	13·6	12·5	13·3	
Infective and Para. Dis. excl. Tub. but incl. Syph. & other V.D.				—	0·05	0·04	0·04	*
Tuberculosis, Respiratory				—	0·06	0·05	0·06	0·06
Tuberculosis, Other				—	0·01	0·01	0·01	0·01
Tuberculosis, All Forms				—	0·07	0·06	0·06	0·06
Cancer	..	..	..	1·55	2·04	1·70	1·94	2·18
Vascular lesions of Nervous system				1·24	2·02	1·43	1·85	*
Heart and Circulatory Disease				4·28	4·80	3·86	4·53	*
Respiratory Diseases				1·86	1·72	1·19	1·57	*
Maternal Mortality				—	0·50	0·32	0·45	0·28
Stillbirths	..	..	..	19·2	19·2	17·4	18·7	17·3
Perinatal Mortality				38·3	31·6	29·8	31·1	*
Neo-natal Mortality				22·8	15·2	14·5	15·0	14·2
Infant Mortality				22·8	22·8	23·2	23·8	20·9

* Figures not available.

All the maternal mortality, still birth and perinatal mortality rates are per 1,000 live and still births.

COMMENTS ON STATISTICAL DATA

The statistics for your District conform closely with those experienced throughout the country. The Infantile Mortality Rate has shown no marked deviation and is about average, and the death rate remains average.

Lung Cancer was responsible for 6 deaths. My views on the causation of lung cancer are well known and I will not labour the point further except to say that I am more confirmed in my beliefs than ever.

No maternal death was recorded.

To sum up, I think that the figures which are presented to you reflect a satisfactory state of public health in your area.

CAUSES OF DEATH IN THE GARFORTH URBAN DISTRICT, 1963

CAUSE OF DEATH				MALES.	FEMALES.
All Causes				107	62
1. Tuberculosis, respiratory	..	..	..	..	..
2. Tuberculosis, other	..	..	..	..	..
3. Syphilitic disease ..	..	..	..	..	..
4. Diphtheria ..	..	..	..	..	..
5. Whooping Cough ..	..	..	..	..	..
6. Meningococcal infections	..	..	..	..	..
7. Acute Poliomyelitis	..	..	..	..	..
8. Measles ..	..	..	..	..	..
9. Other infective and parasitic diseases	..	..	..	..	..
10. Malignant neoplasm, stomach	..	..	..	1	1
11. Malignant neoplasm, lung, bronchus	..	..	..	6	..
12. Malignant neoplasm, breast ..	..	..	..	..	2
13. Malignant neoplasm, uterus ..	..	..	..	..	..
14. Other malignant and lymphatic neoplasms	..	..	..	9	4
15. Leukaemia, aleukaemia	..	..	..	..	2
16. Diabetes ..	..	..	..	..	..
17. Vascular lesions of nervous system	..	..	..	10	10
18. Coronary disease, angina ..	..	..	..	30	9
19. Hypertension with heart disease	..	..	..	1	1
20. Other heart disease	..	..	..	9	7
21. Other circulatory disease	..	..	..	5	7
22. Influenza ..	..	..	..	..	..
23. Pneumonia ..	..	..	..	5	7
24. Bronchitis ..	..	..	..	12	4
25. Other disease of the respiratory system	..	..	..	2	..
26. Ulcer of stomach and duodenum	..	..	..	2	..
27. Gastritis, enteritis and diarrhoea	..	..	..	..	..
28. Nephritis and nephrosis ..	..	..	..	1	..
29. Hyperplasia of prostate ..	..	..	..	2	..
30. Pregnancy, childbirth, abortion	..	..	..	..	..
31. Congenital malformations ..	..	..	..	..	2
32. Other defined and ill-defined diseases	..	..	..	8	4
33. Motor vehicle accidents	..	..	..	1	1
34. All other accidents	..	..	..	2	1
35. Suicide ..	..	..	..	1	..
36. Homicide and operations of war	..	..	..	..	..
Live Births.	Total	..	..	159	148
	Legitimate	..	..	154	144
	Illegitimate	..	..	5	4
Still-Births.	Total	..	..	4	2
	Legitimate	..	..	4	2
	Illegitimate	..	..	..	..
Deaths of Infants under 1 year of age.	Total	..	..	3	4
	Legitimate	..	..	3	4
	Illegitimate	..	..	..	..
Population				16,110	
Comparability Factors :—					
Births				0.96	
Deaths				1.23	

INFANT MORTALITY IN 1963

Deaths from Stated Causes under One Year of Age

CAUSE OF DEATH.		Under 1 Week.	1—2 Weeks.	2—3 Weeks.	3—4 Weeks.	Total under 1 Month.	1—3 Months.	3—6 Months.	6—9 Months.	9—12 Months.	Total under 1 Year.
Atelectasis	}	3	-	-	-	3	-	-	-	-	3
Prematurity											
Encephalocele	..	1	-	-	-	1	-	-	-	-	1
Uraemia	}	1	-	-	-	1	-	-	-	-	1
Congenital abnormality											
Severe asphyxia	}	1	-	-	-	1	-	-	-	-	1
Multiple congenital abnormalities											
Intra-cranial haemorrhage											
Extreme Prematurity	..	1	-	-	-	1	-	-	-	-	1
Totals	..	7	-	-	-	7	-	-	-	-	7

INFANT DEATHS PER THOUSAND LIVE BIRTHS

1926—1933		1934—1943		1944—1953		1954—1963	
Not available		1934	134.6	1944	36.1	1954	44.3
		1935	34.5	1945	22.1	1955	48.3
1926	51.2	1936	81.6	1946	20.0	1956	24.3
1927	57.6	1937	74.6	1947	31.0	1957	19.5
1928	64.5	1938	35.7	1948	36.0	1958	12.6
1929	56.6	1939	46.5	1949	30.1	1959	48.2
1930	N.A.	1940	47.9	1950	15.0	1960	38.8
1931	76.9	1941	77.2	1951	46.9	1961	19.6
1932	N.A.	1942	38.6	1952	31.9	1962	24.4
1933	150.9	1943	42.7	1953	11.3	1963	22.8
Average— 76.3		Average— 61.4		Average— 28.0		Average— 30.3	

Details of STILLBIRTHS for the past five years

Year	No. of Live Births	No. of Still- Births	Proportion of Stillbirths per 100 Live Births
1959	228	5	2.2
1960	258	5	1.9
1961	255	2	0.8
1962	287	5	1.7
1963	307	6	2.0

Details of NEO-NATAL DEATHS for the past five years

Year	No. of Live Births	No. of Neo- Natal Deaths	Proportion of Neo-Natal deaths per 100 Live Births
1959	228	9	3.9
1960	258	7	2.7
1961	255	2	0.8
1962	287	5	1.7
1963	307	7	2.3

GENERAL PROVISION OF THE PREVENTIVE MEDICAL SERVICES IN THE AREA

There has been a further slight rise in the total population of the Health Division which has now increased up to a little over the 60,000 mark. Co-operation with other Services and Authorities has remained excellent and no friction has arisen during the year.

The staff at the Divisional Office have continued to cope satisfactorily in spite of the ever increasing demands on their time and industry.

The Nursing services have been maintained at almost full strength, the only shortage being one or two Health Visitors.

We are still faced with a little delay in the Ophthalmic field. Efforts have been made to arrange for additional sessions but there is an acute shortage of Ophthalmic doctors and so far our efforts have been unavailing. However, we are managing to avoid any hardship and urgent cases are given priority appointments.

The Speech Therapy Service has continued throughout the year but I understand that the Speech Therapist is shortly to emigrate and thus we shall lose her services here.

The Dental Clinic at Rothwell continues unchanged, with the same Dental Surgeon in charge.

SCHOOL MEDICAL SERVICE

The Divisional figures relating to the above Service are set out in the following pages. We still continue to enjoy the services of Drs. Bowker and Dick who have endeared themselves to parents and children alike by their kindness and enthusiasm for the work of maintaining the health and well-being of the school population.

Dr. Bowker, Senior Assistant County Medical Officer, has been good enough to contribute the following report on the School Medical Service. I am greatly indebted to her for this as she brings to the work a zest and specialized knowledge which have earned her the respect and admiration of Head Teachers in the area in which she serves. I find her comments of absorbing interest and know that you yourselves will read them with close attention.

“I have pleasure in offering you a review of the School Medical Service in this Division for the year 1963-64, during which there has taken place a consolidation of the experiment in selective medical examination detailed in last year's report.

Experience now gathered from three sessions' work and figures prompts the conclusion that the selective examination has received the acceptance which comes from a correct assessment of present-day requirements in the medico-educational field.

Almost without exception, it has been welcomed by the school teachers, head-teachers, parents and nurses as offering the framework for a much fuller study of children with medical problems which adversely affect school progress and enjoyment. It is interesting to note that, so far, the number of children selected by the medical officer as requiring examination remains fairly constant at 22.5%, those referred by head-teachers have increased and those for whom the parents ask help on the Health Summary Form have slightly diminished in number. In all, 68.5% of the children reviewed were deemed not to need intermediate examination.

The confidential Health Summary Form completed by parents is essential to the full working of the selective service and I would strongly urge parents to make thorough use of it and especially to indicate **any** cause for worry, since much of value has already emerged from this guidance to the school doctor.

In all school medical examinations, apart from the leavers' group, the attendance of parents remains at a very high level. It is an index of the concern of the parent for the child in his school environment, and the school doctors are highly appreciative of this opportunity for continuing contact made in earlier years. No medical review of a child can be complete without the presence of a parent, and absence must generally be followed up by the school nurse in a home visit. The growing independence of the school leaver (examined at the beginning of his final year) has an adverse effect on parental attendance. Nevertheless, this remains important.

A most satisfying and rewarding relationship with head-teachers has been maintained and developed. Any child who is arrested in his school progress will derive benefit from the free discussion of his case in which doctor and teacher and parent join. Many diverse decisions, covering the resources of the service in action and referral, have been set in motion to help such a child. In this, the freer atmosphere allowed by the selective examination has played a full part.

It is now proposed to make a further adjustment, in principle, to the intermediate selective examinations which have taken place, so far, at 7 and 10 years, i.e. at the beginning and towards the end of primary school life. Your Medical Officer of Health, with the hearty co-operation of secondary school head-teachers, has agreed to the transfer of the second examination to the beginning of secondary school life.

This will permit a direct contact to be established in respect of all children with medical problems which should be known to the secondary modern school staff in whose care they will remain for the four highly important years of adolescence. It has to be admitted that secondary school head-teachers have not always been aware of medical handicaps sufficiently early and this gap will now be closed.

The general nutritional state of the school children in this Division is very satisfactory. In the past year, out of 1.673 children undergoing medical examination, only 6 children (0.4%) have been considered unsatisfactory. This compares favourably with the Ministry's figure of 0.69% (1961) over the whole country. The number has fallen to such a low level that the County returns no longer require this information for statistical purposes. Any unsatisfac-

tory children found will, of course, be followed up by personal contact with their parents.

A new nutritional problem, that of the obese child, has come into focus. In rare cases in the middle school period, obesity may be a pointer to a medical dis-function. Usually, it is nothing more than the over-feeding and wrong-feeding of a child, frequently an only child, with a very large appetite. Such children become clumsy, unable to participate fully in physical education and their school life is rendered unhappy since they become the butt of their classmates. A carefully controlled healthy diet is the answer: both parents and child need advice and this should be sought.

Apart from medical examinations, routine screening tests will increasingly play a part in the school medical service. This has long been established for vision. During the past year, hearing tests have been carried out by school nurses on all children in the 6 — 7 age group, using the pure-tone audiometer. Each ear is separately tested through all the frequencies from 'organ to flute.'

Any child with a doubtful level of hearing is then referred to the school doctor for further study and action when necessary. Several cases of unsuspected hearing loss have already emerged from screening and, since adequate hearing is one of the essential mechanisms for school progress, this is a valuable service.

The Ishihara tests for colour blindness have also been brought into routine screening during the year for males (females are not affected except in the very rarest instances). The tests are offered by school nurses during the first secondary school year, and any abnormal findings are reported to the pupil, parents and school doctor. (In the growing complexity of modern occupations and industrial processes, it is obvious that correct colour vision is highly important: 24 types of work from pharmacy, air-pilot, G.P.O., linesmen and engineers, to painting and textile manufacture, have been listed). In order to avoid disappointment in choice of occupation, an early knowledge of this genetic disability will guide the pupil away from unsuitable employment. It should be realised that these screening procedures which use a standard against which individual children are measured in large groups, demand unflagging patience and concentration from those offering the tests. The health visitors of the Division in their

capacity as school nurses have demonstrated these qualities in full degree.

Amongst the maturation difficulties which cause distress to the school child, bed-wetting is a "hardy annual." The more sensitive the child, the more he is miserably aware of his condition, though it must be said that some children and some parents remain apathetic, so that the trouble is not aired until too late in school life.

On the Health Summary Form, the parent is given the opportunity of drawing the school doctor's attention to what is a true disability. In most cases, from the age of 6 years, the bell and pad apparatus can be offered, with a visit from the school nurse to explain its working and give instructions for recording results. This apparatus yields a large percentage of successes, provided that the parents are desirous of co-operating. Now that children have the opportunity to go away for group holidays and to school camps, it is essential that enuretic children should be treated early. A new study of the incidence of this condition is now being undertaken throughout the County.

As the pattern of the School Medical Service changes and becomes more concerned with the difficulties of individual children, their physical, emotional and mental health as well as with all aspects of mental and educational retardation, it is clear that the closest links must be forged between all who are responsible for the health, welfare and education of the child. That this is being more thoroughly understood and implemented, there is no doubt.

The service remains also an integral part of the medical care of the nation; since it should be the aim of all medical care to enable our children to come to adulthood with every deviation from full health treated and corrected to the maximum degree."

May I take this opportunity of acknowledging the many courtesies we have received from, and the close co-operation which we have enjoyed with, the Divisional Education Officers and their staffs. This relationship greatly eases the burden of our work and makes for greater efficiency all round. The same may be said for the Head Teachers of all the schools in your area, who have been unfailingly kind and co-operative in spite of the many interferences which the School Medical Services must, of necessity, impose on the normal teaching curriculum.

SCHOOL MEDICAL SERVICE
MEDICAL INSPECTION AND TREATMENT
1963

Age Groups Inspected (by years of birth)	No. of Pupils inspected	Physical condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
1959 and later	112	112	100	—	·0
1958	705	704	99·9	1	·1
1957	198	198	100	—	·0
1956	56	56	100	—	·0
1955	17	17	100	—	·0
1954	12	12	100	—	·0
1953	45	44	97·8	1	2·2
1952	8	8	100	—	·0
1951	16	16	100	—	·0
1950	4	4	100	—	·0
1949	210	207	98·6	3	1·4
1948 and earlier	290	289	99·7	1	·3
Total	1,673	1,667	99·6	6	·4

**PUPILS FOUND TO REQUIRE TREATMENT AT
PERIODIC MEDICAL INSPECTIONS
(Excluding Dental Diseases and Infestation
with Vermin)**

Age Groups Inspected (by year of birth)	For Defective Vision (exclu- ding squint).	For any of the other conditions recorded	Total individual pupils
1959 and later ...	5	25	29
1958 ...	20	117	129
1957 ...	6	19	25
1956 ...	2	11	12
1955 ...	—	3	3
1954 ...	—	3	3
1953 ...	5	7	8
1952 ...	1	1	2
1951 ...	2	1	3
1950 ...	—	1	1
1949 ...	15	16	29
1948 and earlier ...	23	27	49
Total ...	79	231	293

OTHER INSPECTIONS

Number of Special Inspections ... 440

Number of Re-inspections ... 118

558

INFESTATION WITH VERMIN

Total number of individual examinations of pupils in
schools by school nurses or other authorised persons 17,234

Total number of individual pupils found to be infested 178

Number of individual pupils in respect of whom
cleansing notices were issued. (Section 54 (2), Educa-
tion Act, 1944) ... —

Number of individual pupils in respect of whom
cleansing orders were issued. (Section 54 (3), Educa-
tion Act, 1944) ... —

**DEFECTS FOUND BY MEDICAL INSPECTION DURING
THE YEAR 1963
PERIODIC INSPECTIONS**

Defect or Disease.	PERIODIC INSPECTIONS							
	ENTRANTS		LEAVERS		OTHERS		TOTAL	
	Treat- ment	Obser- vation	Treat- ment	Obser- vation	Treat- ment	Obser- vation	Treat- ment	Obser- vation
Skin ...	14	6	9	1	8	1	31	8
Eyes—a. Vision ...	29	13	28	9	22	3	79	25
b. Squint ...	10	4	—	—	—	1	10	5
c. Other ...	2	—	—	—	1	—	3	—
Ears—a. Hearing ...	12	2	—	—	5	—	17	2
b. Otitis Media ...	15	1	3	—	2	—	20	1
c. Other ...	1	—	—	—	—	1	1	1
Nose and Throat ...	17	12	1	—	3	1	21	13
Speech ...	13	16	—	—	2	—	15	16
Lymphatic Glands ...	—	—	—	—	—	—	—	—
Heart ...	1	2	—	—	—	2	1	4
Lungs ...	9	3	1	2	9	2	19	7
Developmental—								
a. Hernia ...	—	—	—	—	—	—	—	—
b. Other ...	—	—	—	—	—	1	—	1
Orthopaedic—								
a. Posture ...	6	1	2	1	2	1	10	3
b. Feet ...	5	—	1	—	—	2	6	2
c. Other ...	6	1	2	—	1	—	9	1
Nervous System—								
a. Epilepsy ...	2	—	2	—	—	—	4	—
b. Other ...	—	—	—	—	—	6	—	6
Psychological—								
a. Development ...	5	4	—	—	—	5	5	9
b. Stability ...	4	5	—	1	—	3	4	9
Abdomen ...	1	2	1	—	—	6	2	8
Other ...	39	7	7	3	—	4	46	14
Totals ...	191	79	57	17	55	39	303	135

SPECIAL INSPECTIONS

Defect or Disease	Special Inspections	
	Pupils Requiring Treatment	Pupils Requiring Observation
Skin	15	—
Eyes—		
a. Vision	23	13
b. Squint	6	1
c. Other	—	—
Ears—		
a. Hearing	9	2
b. Otitis Media	5	1
c. Other	—	1
Nose and Throat	6	2
Speech	2	5
Lymphatic Glands	1	1
Heart	—	4
Lungs	10	1
Developmental—		
a. Hernia	—	—
b. Other	—	—
Orthopaedic—		
a. Posture	5	—
b. Feet	4	—
c. Other	2	2
Nervous System—		
a. Epilepsy	—	—
b. Other	1	—
Psychological—		
a. Development	5	3
b. Stability	11	2
Abdomen	2	—
Other	15	5

**TREATMENT OF PUPILS ATTENDING MAINTAINED
AND ASSISTED PRIMARY AND SECONDARY
SCHOOLS (INCLUDING NURSERY AND SPECIAL
SCHOOLS)**

EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	—
Errors of Refraction (including squint)	720
Total ...	720
Number of pupils for whom spectacles were prescribed ...	465

**DISEASES AND DEFECTS OF EAR, NOSE AND
THROAT**

	Number of cases known to have been dealt with
Received operative treatment	
(a) for diseases of the ear ...	2
(b) for adenoids and chronic tonsillitis	2
(c) for other nose and throat conditions	—
Received other forms of treat- ment	—
Total ...	4
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1963	—
(b) in previous years ...	11

ORTHOPAEDIC AND POSTURAL DEFECTS

	No. of cases known to have been dealt with
Pupils treated at clinics or out- patients departments ...	16
Pupils treated at school for postural defects ...	3
Total ...	19

DISEASES OF THE SKIN (Excluding uncleanness)

	Number of cases known to have been treated
Ringworm— (a) Scalp ...	1
(b) Body ...	—
Scabies ...	—
Impetigo ...	4
Other skin diseases ...	9
Total ...	14

CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guid- ance Clinics—	
(a) Rothwell ...	11
(b) Pontefract ...	8
Total ...	19

SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapist	81

OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
Pupils with minor ailments ...	4
Pupils who were admitted for convalescent treatment under School Health Service arrangements during 1963 ...	2
Other than above— U.V.R. Treatment ...	21
Total ...	27

CONSULTANT E.N.T. SERVICE

No Consultant E.N.T. Clinic held during 1963

CONSULTANT ORTHOPAEDIC SERVICE

Consultant Clinic.

Number of sessions held during year 10

	Pre-school children	School children
No. of individual patients seen by Consultant, including those continuing attendance from previous year	—	2
No. of individual patients referred for opera- tive treatment as short-stay cases only ...	—	—
Recommended long-stay hospital school ...	—	—
Recommended treatment by orthopaedic nurse or physiotherapist:—		
(a) at treatment centres	—	—
(b) domiciliary	—	—
No. of children who obtained operative treat- ment during the year	—	—
Total number of attendances at consultant clinic	—	2
Treatment Centres		
No. of sessions held during year	44	
	Pre-school children	School children
Total number of patients treated (including cases continuing treatment from previous year)	—	16
Total number of attendances	—	96
Domiciliary Treatment		
Total number treated	—	—
Total number of visits to patients' homes ...	—	—
Appliances		
Number of appliances—(a) recommended ...	—	—
(b) obtained ...	—	—

PAEDIATRIC SERVICE

Consultant Clinics.

Number of sessions held during the year 9

	Pre-school children	School children
Number of individual patients seen :—		
(a) new cases	6	17
(b) cases attending from previous year(s)	3	36
Total number of attendances at clinics ...	18	80

MEDICAL EXAMINATION OF ENTRANTS TO TRAINING COLLEGES

No. of examinations carried out during the year ... 31

CHILDREN AND YOUNG PERSONS ACT, 1933 EMPLOYMENT OF CHILDREN

Number of children examined during the year in
connection with applications :—

(a) for employment (including entertainments) 80
(b) No. of (a) found unfit 1

ULTRA VIOLET LIGHT TREATMENT

No. of sessions held during the year	120	
	Pre-School children	School children
No. of children treated during the year	4	17
Total No. of attendances ...	43	107

PAEDIATRIC SERVICE

Summary of type of defect for which referred

Defect or Disease						Pre-School	School
Heart and Circulatory System	...	...				—	13
Incontinence	...	...	...	...		—	11
Gastro Intestinal System	...	...	...			—	3
Developmental	...	...	...	...		7	1
Respiratory System, including E.N.T. Defects	...	...	...	...	...	1	13
Migraine	...	...	...	...	...	—	1
Congenital Deformities	...	...	...			—	1
Mental Defect, including educational sub-normality	...	...	...	...		—	4
Orthopaedic	...	...	...	...	...	—	4
Rheumatism	...	...	...	...	...	—	1
Speech	...	...	...	...	...	1	—
Genito Urinary System	...	...	...			—	1
Total	...	...	...	...	...	9	53

SPEECH THERAPY

Total number of sessions held during the year ...	...	187
No. of new cases treated during the year	... ..	36
No. of cases already attending for treatment from previous year	... ..	45
Total number of cases treated	... ..	81
No. of cases awaiting treatment at end of the year	...	33
No. of visits made to schools	... ..	31
No. of home visits ...	... ..	13

Analysis of Cases treated during the year :—

					Boys	Girls
Stammering	...	...	...	...	11	1
Defects of articulation—						
(a) Dyslalia	...	...	...	...	32	19
(b) Sigmatism	...	...	...	...	1	2
(c) Rhinolalia, due to—						
(i) Cleft Palate	...	...	...	...	1	—
(ii) Nasal obstruction	...	...	...	...	—	—
(d) Dysarthria	...	...	...	...	—	—
Aphasia	...	...	...	...	—	—
Defective speech due to—						
(i) Educational sub-normality	...	...	...	...	1	1
(ii) Deafness	...	...	...	...	1	—
Retarded speech development	...	...	...	...	4	1
Dysphonia	...	...	...	...	2	—
Other defects	...	...	...	...	3	1
Total					56	25
Analysis of Cases discharged :—						
No. of children discharged during year—						
Speech normal	...	...	...	...	3	2
Speech improved	...	...	...	...	1	—
Unsuitable for treatment	...	...	...	...	—	—
Non-co-operation	...	...	...	...	4	1
Left school	...	...	...	...	2	—
Left district	...	...	...	...	4	1
Other reasons	...	...	...	...	—	—
Total					14	4

CHILD GUIDANCE

Location of Clinic: Central Clinic, Oulton Lane, Rothwell.

No. of sessions held during year 16

	Boys	Girls
No. of new cases seen during year	9	2
No. of cases referred from previous year	—	—
Total number of cases discharged or admitted for residential treatment ...	7	1
No. of cases carried forward	2	1

AUDIOMETRY

Children Tested by Pure-Tone Audiometry.

	No. tested	No appreci- able hearing loss	Referral for investi- gation
(a) "At risk" categories			
(i) deafness in the family	—	—	—
(ii) prenatal causes:—			
maternal rubella ...	—	—	—
other conditions ...	—	—	—
(iii) perinatal causes, e.g. toxaemia, anoxia, kernicterus, rhesus incompatability, prematurity, etc. ...	—	—	—
(iv) postnatal:—			
Congenital defects ...	—	—	—
cerebral palsy ...	—	—	—
middle ear disease	—	—	—
meningitis or			
encephalitis ...	—	—	—
speech retardation			
or defect ...	1	—	1
educational			
retardation ...	10	9	1
(b) Routine test on children			
6/7 year age group ...	342	340	2
TOTALS ...	353	349	4

VACCINATION AND IMMUNISATION

Little difficulty is nowadays experienced in getting the agreement of parents to have their children protected against the commoner diseases, and the figures presented herewith show a reasonably satisfactory state of affairs. There is, however, a small percentage of parents, who, through ignorance or apathy, fail to avail themselves of the free services available to them from their family doctors or the Clinic doctors. A determined effort is to be made to see if, at least in a proportion of the cases, this apathy cannot be overcome. I hope to be able to tell you more of this in my next Report.

Meanwhile, it is true to say that the absence of diphtheria and poliomyelitis, and the very greatly reduced incidence of whooping cough, are proof positive of the efficacy of immunisation.

Last year I mentioned that a protecting injection against Measles was thought to be on the way. At the time of writing this we are on the eve of a research project in this field sponsored by the Ministry of Health and under the aegis of the Medical Research Council. A considerable number of children aged 10 months to 2 years are to be offered a vaccine against Measles, and it is hoped to evaluate the results over the next few years. Measles can still be a troublesome, and even dangerous illness, and any effective and safe method for its prevention is to be welcomed.

Smallpox vaccination is now carried out at about one year of age and continues to be readily accepted. The total of 396 can be regarded as reasonably satisfactory.

VACCINATION AGAINST POLIOMYELITIS

Vaccination during 1963

Persons completing primary immunisation.

AGE GROUP	Completed Courses of Oral Vaccine during the year ended 31st Dec., 1963
Children born in 1963	124
Children born in 1962	484
Children born in 1961	97
Children and young persons born in years 1943 — 60	123
Young persons born in years 1933 — 42	70
Others	75
TOTAL	973

Persons receiving reinforcing doses.

Number of persons given third injections of Salk Vaccine ... 63

Number of persons given a reinforcing dose of oral vaccine
after:—

(a) 2 Salk doses 84

(b) 3 Salk doses or,
3 Oral doses or,
2 Salk doses plus
2 Oral doses 296

Number of persons who had received completed courses
of Polio immunisation at 31st December, 1963 ... 17,911

Number of children aged 5 — 12 who had received
booster doses at 31st December, 1963 3,915

DIPHTHERIA IMMUNISATION

Immunisation carried out during the year

	Children born in years :—						
	1963	1962	1961	1960	1959	1954-58	1949-53
No. of children who completed a full course of primary immunisation (including temporary residents) ...	348	404	50	10	4	81	21
Total number of children who were given a secondary or re-inforcing injection (i.e. subsequent to complete full course) ...	—	1	2	1	15	578	177

Immunisation in relation to Child Population

Age at 31.12.63 i.e. Born in Year	Under 1 1963	1—4 1962-1959	5—9 1958-1954	10—14 1953-1949	under 15 Total
Last complete course of injections (whether primary or booster)					
A. 1959—1963 ...	348	2,586	2,542	2,175	7,651
B. 1958 or earlier	—	—	947	1,682	2,629

No case of Diphtheria occurred in the Division during the year.

WHOOPIING COUGH IMMUNISATION

Immunisation carried out during the year

Age at Final injection	Number of children who completed a full course of immunisation including temporary residents)
Under 6 months	427
6 months to one year	324
1—2 years	56
2—3 years	9
3—4 years	7
Total ...	823

Immunisation in relation to Child Population

Age at 31.12.63 i.e. born in year :—	Under 1 1963	1 to 4 1962–1959	5 to 9 1958–1954	10 to 14 1953–1949	Under 15 Total
Number immunised ...	348	2,596	2,219	1,096	6,259

Whooping Cough notifications and Deaths in relation to Immunisation during the year

Age at date of notification	No. of cases notified	No. of cases included in preceding column in which child completed a full course of immunisation
Under 1	2	—
1	—	—
2	2	1
3	2	1
4	1	1
5 — 9	11	3
10 — 14	2	—
Totals ...	20	6

No death occurred from Whooping Cough in the Division
during the year.

VACCINATION AGAINST SMALLPOX

Number of Persons vaccinated or re-vaccinated during the year

Age at date of vaccination	Number of Persons vaccinated (or re-vaccinated) during period		Number of Cases specially reported during period		
	Number vaccinated	Number re-vaccinated	Generalised Vaccinia (a)	Post-Vaccinal Encephalomyelitis (b)	Death from complications of vaccination other than (a) and (b)
0—3 months	69	—	—	—	—
3—6 months	62	—	—	—	—
6—9 months	27	—	—	—	—
9—12 months	36	—	—	—	—
1	61	—	—	—	—
2—4	33	1	—	—	—
5—14	61	22	—	—	—
15 or over	47	67	—	—	—
TOTAL	396	90	—	—	—

IMMUNISATION AGAINST TETANUS

Immunisation carried out during the year

	Children born in years:—							Total
	1963	1962	1961	1960	1959	1954-58	1949-53	
Number of children who completed a full course of primary immunisation (including temporary residents) ..	350	401	50	11	5	91	49	957
Total number of children who were given a secondary or re-inforcing injection (i.e., subsequent to complete full course) ..	—	1	2	1	1	80	11	96

B.C.G. VACCINATION OF 13-YEAR OLD SCHOOL CHILDREN

- | | | |
|-------|---|------|
| 1. | No. of medical officers (including Divisional Medical Officer) approved to undertake B.C.G. Vaccination | 3 |
| 2. | Acceptances | |
| (a) | No. of children offered tuberculin testing and vaccination if necessary, whether the offer was made during the year or previously ... | 500 |
| (b) | No. of (a) found to have been vaccinated previously | — |
| (c) | No. of acceptances | 433 |
| (d) | Percentage of acceptances, i.e., (c) to (a) — (b) ... | 86.6 |
| 3. | Pre-Vaccination Tuberculin test | |
| (a) | No. of children tested | 405 |
| (b) | Result of test— | |
| (i) | Positive | 35 |
| (ii) | Negative | 363 |
| (iii) | Not ascertained | 7 |
| | ————— TOTAL | 405. |
| (c) | Percentage positive | 8.8 |
| | i.e. (b) (i) to (b) (i) + (ii) | |
| 4. | Vaccination | |
| | No. vaccinated :— | |
| (a) | Following negative Heaf Test | 356 |
| (b) | Following negative Mantoux Test | — |
| | ————— TOTAL | 356. |
| 5. | Tuberculin test twelve months after vaccination | |
| (a) | No. vaccinated in 1962 | Nil |
| (b) | No. tuberculin tested after 12 months | Nil |
| (c) | Result of test— | |
| (i) | Positive | Nil |
| (ii) | Negative | Nil |
| (iii) | Not ascertained | Nil |
| | ————— TOTAL | Nil |

B.C.G. VACCINATION—CONTACT SCHEME

Details of B.C.G. Vaccination of Contacts during the year
1963

		AGE GROUPS												All ages
		Under 1 year Months				Years								
		0	1	3	6	1	2	3	4	5	10	15	20	
Vaccinated :—														
Male	...	4	1	—	—	—	—	1	—	3	2	—	—	11
Female	...	2	—	1	1	1	2	—	—	2	1	—	3	13
TOTAL	...	6	1	1	1	1	2	1	—	5	3	—	3	24
RESULT OF VACCINATION :—														
Successful														
Male	...	3	1	—	—	—	—	1	—	3	2	—	—	10
Female	...	1	—	1	1	1	1	—	—	2	1	—	3	11
TOTAL	...	4	1	1	1	1	1	1	—	5	3	—	3	21
Unsuccessful														
Male	...	—	—	—	—	—	—	—	—	—	—	—	—	—
Female	...	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL	...	—	—	—	—	—	—	—	—	—	—	—	—	—
NOT FINALLY ASCERTAINED :—														
Male	...	1	—	—	—	—	—	—	—	—	—	—	—	1
Female	...	1	—	—	—	—	1	—	—	—	—	—	—	2
TOTAL	...	2	—	—	—	—	1	—	—	—	—	—	—	3

LOCAL HEALTH AUTHORITY CLINICS

Towards the end of the year we were able to secure the use of premises at Kippax in the basement of an old, disused chapel. Whilst far from ideal, these are a great improvement on the premises previously used. I would like to pay tribute to the helpful and ready assistance which Mr. Smith, the Council's Surveyor, gave us. The premises are warm, clean and comfortable and, being centrally situated, are as good as we could hope for under all the circumstances.

At the time of writing this, the new Clinic in Lidgett Lane, Garforth has been erected and is about to be taken over. It is comprehensively designed and will incorporate a Dental Clinic as well as the usual accommodation for Maternity and Child Welfare, etc., etc. We look forward very much to using this new building which marks a very considerable advance on anything previously available in your area.

Attendances at Child Welfare Clinics continue to be well maintained, and we expect them to become still greater when the new Clinic comes into use.

The Ante-Natal Clinic at Kippax still continues to be very well attended. This is rather an astonishing fact, as it is well known that in the majority of areas of the County, ante-natal clinic attendances have fallen to vanishing point. It must be stated that the only essential regarding ante-natal work is that the mother should not fall between two stools, and should be given full care, either by her own family doctor or by regular clinic attendance.

MENTAL HEALTH SERVICE

This Service has now become an integral part of the structure of Preventive Medicine practised in your area. In the Divisional Health Office accommodation is provided for Mr. Emmerson, who is the Senior Mental Welfare Officer for the whole of the Stanley Royd Catchment area, and two whole-time Mental Welfare Officers working solely within this Health Division. Their time is fully occupied and they work in close liaison with the medical staff at the Wakefield Mental Hospital, in addition to exercising their primary function of caring for the mental health and welfare of patients in need of such support. They are frequently called upon by general practitioners whose patients require the help of a Mental Welfare Officer. Their work is of proved value and they are now established members of the Public Health Service.

Mr. Emmerson and his staff in this Division have been good enough to furnish me with the following account of the work for which they have been responsible during the year.

“Since my last Report, expanding community work has necessitated an increase in the establishment to provide for the services of two whole-time officers.

During the year 65 patients have been admitted to Psychiatric Hospitals, which represents an increase of 10 over the preceding year. 32 of these patients were admitted informally but unfortunately compulsory measures had to be taken in respect of the remaining 33.

The Care and after-care case load of the subnormal has shown little appreciable change, but that of the mentally ill has continued to rise steadily. It is likely that this will be the pattern for several years to come.

The work of the Mental Welfare Officers has been considerably facilitated by having become known personally to increased numbers in the community. This has resulted in a greater willingness on the part of the patients to contact the appropriate Mental Welfare Officer at the Divisional Health Office by letter, 'phone, or by calling personally.

This encouragement to seek and obtain earlier advice and treatment has been strongly supported by Dr. D. P. Oakley, Consultant Psychiatrist, at his Out-Patient Clinic

at St George's Hospital, Rothwell. His co-operation has made possible a closer liaison between the general practitioners and the Mental Welfare Officers, with consequent benefits to those in need of treatment and to all concerned. I would like to express to Dr. Oakley my sincere thanks for the manner in which he has helped to integrate the service.

The Psychiatric Out-Patient Clinic at St. George's serves not only the immediate area but also part of Leeds, and occasionally more distant points, referrals from St. James's Hospital, Leeds, having become more frequent. It is anticipated that in view of these developments, the Clinical arrangements at St. George's will be extended.

The new Training Centre in Holmsley Lane, Rothwell, has been in operation since the 18th November, 1963, to meet the needs and training of the subnormal and severely subnormal children and adults, primarily from the Rothwell, Garforth and Stanley Urban Districts.

Accommodation is provided for 30 junior patients and 30 adults, and a Special Care Unit for 4 severely subnormal handicapped patients, making a total of 64 places. On the day of opening, 32 trainees were admitted, comprising 18 juniors and 14 adults, and this has now risen to 20 juniors, 25 adults and two special care cases, making a total of 47, 7 of these being from the Tadcaster Rural District.

The junior wing consists of 3 classes, where simple handicrafts and exercises, etc. are undertaken, all of which help to improve speech and movement, the whole theme of the curriculum being to give the trainees as much freedom as possible so that they may use their own imagination and develop their minds to the full extent of their capabilities.

The male adult unit is furnished as a workshop with joinery tools, electric drill and sander, etc., and other equipment will be provided as training progresses and needs demand.

In the adult female unit, modern domestic equipment is provided which is used to teach the trainees domestic skills, e.g. laundry and cookery and the day-to-day running of a normal home. Cookery lessons give the opportunity for the trainee to be taken out shopping and to be taught within their capabilities the value and handling of money.

A considerable amount of contract work is being undertaken by the adult units, for orders placed by County Supplies Department, and a little from outside firms. This includes the making of curtains, binding pinarettes, wash-leathers, mops, dish-mops, panscrubs and splitting firewood, etc. Both high and low grade trainees are able to participate in their work, by the use of simple jigs, thus enabling them to work together as a team, and to realise that team work is essential if a job is to be completed successfully. Incentive payment is now given for this work, the maximum rate being 5/- per week at present.

The aim and purpose of the Centre may be summarised as follows: to develop the trainees' minds and bodies as far as possible, so that their lives may be fuller and happier; to help them to form good habits, acquire self control and to develop a social sense as they learn to work and play with others, thus making them more socially acceptable and better able to take their place in the community. It is hoped that eventually a few of the higher grade trainees may be able to take up employment in open industry."

DOMICILIARY NURSING SERVICES

These services have been kept at almost full strength throughout the year. As usual there have been some changes, but losses have been adequately balanced by recruits, all of whom are proving their worth.

During the year we recruited to our numbers a Divisional Nursing Officer in the person of Miss A. Seelig, whose services we share with Morley Division. She has already proved herself a valuable asset and, as I hoped, her enthusiasm has stimulated still further the interest in the work already displayed by the domiciliary nursing staff.

HOME HELP SERVICE

It continues to be difficult to meet all demands for this Service. As you know, there is an allocation of Home Helps by the County Council in each separate Division and, in ordinary times, we are compelled to keep within this provision. This does not always prove easy but I think I am right in saying that by and large we have managed to supply all reasonable demands, and to avoid unnecessary hardship to applicants.

I am confirmed in my appreciation of the value of this service, and in my admiration for the large bulk of Home Helps who take up the work. In general I find them to be warm hearted, kindly persons who acquire a real affection for the old folk in whose homes they work. Indeed, it has been a matter of astonishment to me to find how much kindness has been shown and to note the bonds of liking which are often forged between the Home Help and the person receiving the service. It is certain that this service helps to maintain in their own homes very many people who otherwise would be driven to seek Institutional accommodation.

DOMESTIC HELPS

Authorised Divisional Allocation.

(i) Basic	...	...	...	32½
(ii) From Reserve Pool (Average over the year)	...	...	...	—
Total	...	...	...	32½

Number of Domestic Helps employed at 31st December, 1963—

(i) Whole-time	...	...	—
(ii) Part-time	...	...	110
Total	...	...	110

Cases provided with Domestic Help during year ended 31st December, 1963—

	No. of Cases	Hours employed
(i) Maternity (including expectant mothers)	19	811½
(ii) Tuberculosis	—	—
(iii) Chronic sick (a) aged 65 +	396	63,444½
or Aged (b) under 65	22	3,049
(iv) Others	11	962
Totals	448	68,267

Employment:—

Total No. of hours of all home helps employed between 1st Jan. and 31st Dec., 1963 ÷ 2184 (52 weeks x 42 hours)	=	No. of home helps that could have been employed full time.	=	31.21
---	---	--	---	-------

CHIROPODY SERVICE

This is still run as an "indirect" service in your area. That is to say, the Old People's Associations themselves engage a Chiropodist of their own choice and his fees are re-imbursed to the Associations by the County Council on receipt of authentic accounts. The service works very well and no complaints or grumbles have been heard during the year.

There has been some increase in the demand for domiciliary treatment, but as these are always supported by a doctor's note, I feel that there is little abuse of the system.

A glance at the figures published here will give you some idea of the volume of work undertaken.

CHIROPODY SERVICE

Number of sessions held during the year:—

(a) In Voluntary Clinics	...	...	...	361
--------------------------	-----	-----	-----	-----

Number of patients treated:—

(a) In Voluntary Clinics	...	...	...	747
(b) In Chiropodist's Surgery	...	...	...	248
(c) In own homes	...	...	...	216
Total				1,211

Number of Treatments given:—

(a) In Voluntary Clinics	...	...	...	3,437
(b) In Chiropodist's Surgery	...	...	...	1,562
(c) In own homes	...	...	...	1,072
Total				6,071

AMBULANCE SERVICE

This has maintained its splendidly high standard. The Divisional Ambulance Officers are co-operative and helpful at all times. I would like to express my personal appreciation of the way they have answered one or two emergency calls on my own behalf, and the readiness with which they respond to applications from any source.

LABORATORY FACILITIES

There has been no change in this service and Dr. Little and his staff at Wakefield undertake all investigations with the promptitude, readiness and efficiency which is beyond criticism.

Blood samples still continue to be sent to the Seacroft Laboratory and their service is most meticulous and prompt.

MILK AND FOOD SAMPLES

Powers under the Food and Drugs Act are not delegated to this Authority. Samples of water are submitted to the County Analyst at Halifax and, during the year, four samples were analysed, all of which were satisfactory.

HOSPITAL PROVISION IN THE AREA

Maternity Hospitals.—About 50 per cent. of all births from your district take place in Maternity Homes or Hospitals. The Health Division is given a certain allocation of beds for cases needing Hospital admission on social grounds. This allocation has been adequate to meet most real needs, but there is a marginal number of cases who would like Hospital admission but for whom we cannot, in all honesty, make provision. The pressure on maternity beds is increasing, and in recent years it has become the practice to discharge patients earlier than formerly. Indeed, where the home circumstances permit, patients are often discharged 48 hours after delivery. Provided due care is exercised in ensuring that home circumstances are suitable, and adequate aid available for the mother, this system has been shown to work well. With an adequate domiciliary midwifery service patients can be nursed at home satisfactorily soon after delivery. It will readily be appreciated that this method enables a much larger intake of patients to be dealt with at the Maternity Hospitals, without, in any way, causing hardship or danger to the health of mother or baby.

All abnormal cases, as formerly, obtain admission without quibble to either the Wakefield or Leeds Maternity Hospitals.

Infectious Diseases Hospitals.—Infectious Diseases continue to be admitted mainly to Seacroft which maintains its extremely high standard of technical ability and of nursing care. Nowadays a large proportion of cases so admitted are suffering from some obscure condition and are admitted for observation without a prior firm diagnosis. This procedure is a most admirable one as cases can obtain highly specialised treatment at the earliest possible stage of development of the disease.

Once again, I must express my feeling of satisfaction that this Hospital is available for people living in your area.

Chronic Sick Hospitals.—The position in this field continues less than satisfactory. It is idle to pretend that the number of beds available is adequate, or that their geographical siting is satisfactory. Every effort has been made, and is still being made, to secure an increased number of beds. Suffice it to say that I shall not rest until I feel that adequate facilities are available.

The above remarks are no reflection on the standards of treatment given at the Headlands Hospital and the others in the Pontefract area. It would, however, be stupid to pretend that it is not extremely difficult for relatives and friends to make the long and tedious journey to visit Hospitals so far removed from home, and situated on unsatisfactory and inconvenient bus routes.

Welfare Accommodation.—This is still in short supply, but it is hoped that new premises may be built in your area within the next year or so. The new type of welfare accommodation marks a very significant advance and is definitely in keeping with modern thinking on the problem of the care of the aged.

I would like to take this opportunity of paying tribute to the courtesy which I have received from the Divisional Welfare Officer and his staff. I am aware of their many difficulties and admire the conscientious and kindly way in which they carry out their duties.

General Hospitals.—These still remain completely satisfactory and offer a very high standard of surgical and medical skill and care.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE

The pattern of recent years was continued. Only exceptionally, nowadays, does epidemic Infectious Disease occur in a manner serious enough to cause public alarm. The recent Zermatt typhoid outbreak comes readily to mind and points the moral of the need for constant vigilance in ensuring that public sanitation and food handling are maintained at the highest level of efficiency.

1963 was a Measles year and it is interesting to note that the incidence was almost identical with that experienced in 1961. Measles has a biennial incidence and it is possible to predict with some accuracy the onset of epidemic conditions. A vaccine is being tested at the present time and it may be that within the next few years we may be able to prevent measles as we have already prevented diphtheria, whooping cough and poliomyelitis.

It will be noted that 12 cases were admitted to Hospital.

The over-all position in your area is extremely satisfactory in my opinion.

Venereal Diseases.—No further evidence has come to hand during the year suggesting any increase in these diseases.

Infestations.—These remain negligible. There was an entire absence of Scabies and very few cases of Pediculosis.

INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1963

Disease	Age distribution, 1963												Cases sent to Hospital, 1963	Deaths, 1963																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
	Total all ages 1961	Total all ages 1962	Total all ages 1963	0 — 1 year	1 — 2 years	2 — 3 years	3 — 4 years	4 — 5 years	5 — 10 years	10 — 15 years	15 — 20 years	20 — 35 years			35 — 45 years	45 — 65 years	Over 65 years	Age unknown																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
Acute Poliomyelitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

TUBERCULOSIS

The trend of recent years has continued and I think we can now fairly say that we have reached the stage of "mopping-up" operations in relation to pulmonary tuberculosis. This is not to say that we can relax our efforts in any way, but that the remaining reservoirs of infection have been narrowed down still further almost to vanishing point. It is now felt that the sources of infection remaining in the community are largely to be found among elderly people, usually older men, with what is often thought to be chronic bronchitis. Where strong positive reactions to the Mantoux test are encountered in children, it is our custom to make careful follow-up of home contacts and to refer to the Chest Physicians any relatives who have what appears to be a chronic chest infection.

The fact that the number of cases on the register remains fairly static does not really give a fair picture, as a follow-up of many years is normally considered essential before a case can be regarded as finally "cured."

B.C.G. vaccination has continued with a good rate of acceptance.

A liaison committee exists between ourselves and the medical staffs of the Chest Clinics, and regular meetings take place at County Hall with the avowed intention of increasing co-operation and elaborating any possible new measures for combating the disease. On the Public Health side our main pre-occupation is environmental, but we are increasingly concerned with the personal welfare of individuals as the epidemic significance of the disease diminishes.

Miniature Mass Radiography sessions continue to be held in your district at regular intervals and an excellent response from the public is invariably obtained.

I cannot conclude these remarks without paying a tribute to the unfailing courtesy and kindness which we receive from the Chest Physicians and their staffs. Without this liaison the efficacy of our work would be greatly diminished.

TUBERCULOSIS

Record of Cases during the Year 1963

	Pulmonary		Non-Pulmonary	
	M	F	M	F
No. of cases on Register at beginning of year	25	27	2	9
No. of cases notified for first time during year	1	1	—	—
No. of cases restored to Register	—	—	—	—
No. of cases added to Register otherwise than by notification	—	—	—	—
No. removed to other districts	1	1	—	—
No. of cases Recovered	2	2	1	—
No. died from the Disease	—	—	—	—
No. died from other causes	—	—	—	—
No. Removed from Register :—				
Revised diagnosis	—	—	—	—
No. of cases on Register at end of year	23	25	1	9

New Cases and Mortality during 1963

Age Periods		New Cases				Deaths			
		Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
		M	F	M	F	M	F	M	F
0—1 year	...	—	—	—	—	—	—	—	—
1—5 years	...	—	—	—	—	—	—	—	—
5—10 „	...	—	—	—	—	—	—	—	—
10—15 „	...	—	—	—	—	—	—	—	—
15—20 „	...	—	—	—	—	—	—	—	—
20—25 „	...	—	1	—	—	—	—	—	—
25—35 „	...	—	—	—	—	—	—	—	—
35—45 „	...	1	—	—	—	—	—	—	—
45—55 „	...	—	—	—	—	—	—	—	—
55—65 „	...	—	—	—	—	—	—	—	—
Over 65 years	...	—	—	—	—	—	—	—	—
Totals	...	1	1	—	—	—	—	—	—

TUBERCULOSIS

New Cases and Deaths since 1944

Year			New Cases		Deaths	
			Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1944	...	...	8	3	5	1
1945	...	...	6	—	5	—
1946	...	...	7	3	5	1
1947	...	...	7	4	4	—
1948	...	...	14	5	7	—
1949	...	...	14	1	2	—
1950	...	...	13	4	5	—
1951	...	...	6	3	7	—
1952	...	...	12	4	5	—
1953	...	...	8	2	1	—
1954	...	...	4	2	2	—
1955	...	...	6	1	2	—
1956	...	...	6	1	1	—
1957	...	...	1	3	—	—
1958	...	...	6	2	—	—
1959	...	...	3	—	2	—
1960	...	...	9	1	—	—
1961	...	...	3	—	1	—
1962	...	...	2	—	—	—
1963	...	...	2	—	—	—

HOUSING

The slum clearance problem in your area can be regarded as virtually solved. True, there are still a small number of individual unfit houses scattered about the District and these are to be dealt with as soon as the provision of new Council building allows.

At the present time Local Authorities are at a disadvantage in acquiring building land and find themselves in competition with private builders who are able to pay exorbitant prices and pass the cost on to the purchaser. The Local Authority is only allowed to give the District Valuer's estimated price for land.

Mr. Naylor deals fully with the housing situation in his Report.

The problem of clean air in a mining community is always a vexed one. There are many conflicting interests involved and it does not do to be too rigid in one's approach. It is, however, National Policy that the Clean Air Act should be implemented as soon as is reasonably possible.

HOUSING STATISTICS, 1963 — GARFORTH URBAN DISTRICT

1.	No. of Dwelling Houses in District	...	...	5,573
2.	No. of Houses included in above :—			
	(a) Back-to-back	...		8
	(b) Single back	...		10
3.	SLUM CLEARANCE			
	Estimated number of unfit houses at 31st December, 1963. in respect of which no representation has not yet been made	...	...	24
	Details of future Slum Clearance programmes:—			
	Further survey to be carried out next year.			
4.	HOUSES IN CLEARANCE AREAS AND UNFIT HOUSES ELSEWHERE			
	No. of houses included in Representations made during the year:—			
	(a) In Clearance Areas	...	...	Nil
	(b) Individual Unfit houses	...	...	14

HOUSES DEMOLISHED DURING THE YEAR IN CLEARANCE AREAS

No. of Houses Demolished:

Unfit for human habitation	...	...	...	Nil
Included by reason of bad arrangement	...			Nil
On land acquired under Section 43(2) Housing Act, 1957	...	...	...	Nil

Persons displaced during year:

From Houses unfit for human habitation	...			Nil
From houses included by reason of bad arrangement	...	...	...	Nil
From houses on land acquired under Section 43(2) Housing Act, 1957	...	...	...	Nil

Families Displaced during year:

From houses unfit for human habitation ...	Nil
From houses included by reason of bad arrangement	Nil
From houses on land acquired under Section 43(2) Housing Act, 1957	Nil

NOT IN CLEARANCE AREAS**No. of Houses demolished:**

As a result of formal or informal procedure under Section 16 or 17 (1) Housing Act, 1957	28
Local Authority owned houses certified unfit by the Medical Officer of Health	Nil
Houses unfit for human habitation where action has been taken under local Acts	Nil
Houses included in unfitness orders made under para. 2 of the Second Schedule to the Town and Country Planning Act, 1959	Nil

Persons displaced during year:

From houses to be demolished as a result of formal or informal procedure under Section 16 or 17 (1) of Housing Act, 1957	38
From local authority owned houses certified unfit by Medical Officer of Health	Nil
From houses unfit for human habitation where action has been taken under local Acts ...	Nil
From houses included in Unfitness orders ...	Nil

Families Displaced during year:

From houses to be demolished as a result of formal or informal procedure under Section 16 or 17 (1) Housing Act, 1957	11
From local authority owned houses certified unfit by Medical Officer of Health	Nil
From houses unfit for human habitation where action has been taken under local Acts ...	Nil
From houses included in Unfitness orders ...	Nil

No. of dwellings included above which were previously reported as closed	Nil
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UNFIT HOUSES CLOSED

No. of Houses:

Under Sections 16 (4), 17 (1) and 35 (1) Housing Act, 1957, and Section 26, Housing Act, 1961	...	...	...	...	...	...	3
Under Sections 17 (3) and 26, Housing Act, 1957	...	...	...	...	...	...	Nil

Persons Displaced during year:

From houses to be closed:—

Under Sections 16 (4), 17 (1) and 35 (1) Housing Act, 1957, and Section 26, Housing Act, 1961	...	...	...	...	...	...	10
Under Sections 17 (3) and 26, Housing Act, 1957	...	...	...	...	...	...	Nil

Families Displaced during year

From houses to be closed:—

Under Sections 16 (4), 17 (1) and 35 (1) Housing Act, 1957, and Section 26, Housing Act, 1961	...	...	...	...	...	...	3
Under Sections 17 (3) and 26, Housing Act, 1957	...	...	...	...	...	...	Nil

Parts of Buildings Closed under Section 18, Housing Act, 1957:

Number of Houses	...	...	...	...	Nil
Number of Persons displaced	...	...	...	...	Nil
Number of Families displaced	...	...	...	...	Nil

UNFIT HOUSES MADE FIT AND HOUSES IN WHICH DEFECTS WERE REMEDIED

After informal action by Local Authority:

by owner ... 309

After formal notice under Public Health Acts:

(a) by owner ... 58
(b) by Local Authority ... 5

After formal notice under Sections 9 and 16, Housing Act, 1957:

(a) by owner ... 9
(b) by Local Authority ... 2

Under Section 24, Housing Act, 1957:

by owner ... Nil

UNFIT HOUSES IN TEMPORARY USE

POSITION AT END OF YEAR

Retained for temporary accommodation:

Under Section 48

No. of houses	...	...	...	...	...	Nil
No. of separate dwellings contained therein						Nil

Under Section 17 (2)

No. of houses	...	...	...	...	...	Nil
No. of separate dwellings contained therein						Nil

Under Section 46

No. of houses	...	...	...	...	...	Nil
No. of separate dwellings contained therein						Nil

Licenced for temporary accommodation under Section 34 or 53

No. of houses	...	...	...	...	...	Nil
---------------	-----	-----	-----	-----	-----	-----

PURCHASE OF HOUSES BY AGREEMENT

Houses in clearance areas other than those included in confirmed Orders or Compulsory Purchase Orders

No. of houses	...	...	...	...	...	Nil
No. of occupants		...	...	...	...	Nil

No. of families rehoused during the year into Council owned dwellings

(a) Clearance Areas, etc.	...	...	...	11
(b) Overcrowding	...	...	...	4

RENT ACT, 1957

(a) No. of certificates of disrepair granted	...	Nil
(b) No. of undertakings to execute repairs given by owners to the local authority	...	Nil
(c) No. of certificates of disrepair cancelled	...	Nil

NEW DWELLINGS

No. of new dwellings completed during the year:

By the Local Authority	...	...	...	15
By Private Enterprise	...	...	...	291

GRANTS FOR CONVERSION OR IMPROVEMENT OF HOUSING ACCOMMODATION

	Formal applications received during the year	Applications approved during the year	Number of dwellings completed during year
	Number of dwellings	Number of dwellings	
(a) CONVERSIONS (The number of dwellings is the number resulting from completion of the work)	Nil	Nil	Nil
(b) IMPROVEMENTS	107	107	91

DETAILS OF ADVANCES FOR THE PURPOSE OF ACQUIRING OR CONSTRUCTING HOUSES

SANITARY CIRCUMSTANCES OF THE AREA

Water Supply.

This service is now administered by Leeds Corporation and a satisfactory supply of wholesome water has been maintained throughout the year.

Very few complaints were received regarding water supplies, and these were confined to inadequate supplies due to unsatisfactory service pipes. A very happy co-operation exists with the officers of the Leeds water undertaking who are always very willing to assist in every way possible.

There has been a considerable amount of building activity during the year which has necessitated many extensions to the water services, but I am pleased to report that all the demands have been satisfied without any undue delay. Further mining subsidence has been experienced, particularly in the Kippax area, and a close watch has been kept on the supply of water to the affected areas. Periodic samples submitted to the Public Analyst have, however, proved that no contamination had taken place.

The following specimen chemical and bacteriological reports are indicative of the quality of water supplied throughout the year:—

Chemical Analysis

Total Solids	...	...	125	pts	per	million.
Mineral Matter	...	...	100	"	"	"
Chlorine as Chlorides	...	...	17	"	"	"
Free Ammonia	...	...	0.05	"	"	"
Albuminoid Ammonia	...	...	0.10	"	"	"
Oxygen absorbed in 4 hrs.						
@ 80° F.	...	...	1.65	"	"	"
Nitrous Nitrogen	...	...	Nil			
Nitric Nitrogen	...	...	0.8	"	"	"
Total Hardness	...	...	56	"	"	"
Temporary Hardness	...	...	22	"	"	"
Permanent Hardness	...	...	34	"	"	"
Lead in Solution	...	...	Nil			
Lead dissolved in 24 hours			Nil			
pH Value	...	...	7.7			
Colour — Hazen Units	...	...	10			
Turbidity — Silica Scale	...	...	Nil			
Free Chlorine — Actual free			Nil			
Total including chloramines			Nil			
Iron as Fe	...	...	0.16	"	"	"

Bacteriological Examination

Total No. of Micro-organisms
per ml. growing on Agar @
22° C. 3 days 1,356

Total No. of Micro-organisms
per ml. growing on Agar @
37° C. 2 days 19

Presumptive B. Coli. ... Nil per 100 ml.

The plate count of 22° C. is abnormally high, possibly due to disturbance of the main. In other respects the sample is highly satisfactory.

No standpipe nor well is in use in the District and the water is without plumbo-solvent action.

Sewage Disposal.

Despite considerable development in the area the Allerton Bywater works have functioned very satisfactorily during the year. Reports from the Rivers Board Inspectors regarding the effluent have always been very satisfactory.

It is apparent, however, in view of the proposed housing and industrial development, that the works will have to be extended in the near future, but due to the design of the system the existing works are readily capable of being altered to cope with any future demands.

Closet Accommodation.

As previously reported the only sanitary accommodation not on the water carriage system is at property scheduled for demolition or at isolated cottages.

Houses (Percentage of total) :—

provided with water closets	... ..	99.36%
provided with earth or pail closets	... ..	0.63%
provided with waste water closets	... ..	0.01%

Public Conveniences.

It is regrettable to have to report that once again considerable damage was experienced at the public conveniences throughout the area.

Drains and Sewers.

During the year schemes have been carried out to

extend the sewerage system to areas being opened out for development. A careful check has been made to ensure that as little surface water as possible was connected to the foul system and wherever possible a separate system was installed. Work has also been carried out to improve surface water drainage to alleviate flooding during times of storm.

Mining subsidence has again damaged sections of sewer in the area, but with the willing assistance of the National Coal Board, the danger of nuisances arising was kept to a minimum. Certain lengths of sewer, however, in districts where final settlement has not yet taken place will require reconstructing when it is considered safe to undertake this work.

Public Cleansing.

Although placed under a heavy strain due to the rapid expansion of the area, an excellent service has been maintained, due in no small measure to a loyal and happy team of workmen under the guidance of a first class foreman.

The few remaining cesspools in the area have received regular attention and very few complaints were received.

Rivers and Streams.

Occasional flooding was experienced in storm time due, in the main, to the indiscriminate dumping of rubbish into open streams. Action has been taken to improve these conditions by the culverting of sections where flooding occurred.

Shops and Offices.

Inspections have revealed that the standard of hygiene in shops has not only been maintained, but has steadily improved. All plans submitted for new shops are scrutinised by this Department prior to approval, thus making certain that the highest standard is achieved at the outset.

Camping Sites.

The residential caravan site at Garforth Cliff which has permanent planning approval was conducted on very good lines throughout the year.

Swimming Baths and Pools.

There are no public baths in this area.

Bed Bug Eradication.

This once regular source of trouble now seems to be a thing of the past and no report of any infestation was received during the year.

Smoke Abatement.

In this area no problem exists in respect of industrial smoke since the National Coal Board carried out a scheme of electrification. Due, however, to the still vexed problem of miners' concessionary coal, and doubts as to the availability of adequate supplies of solid, smokeless fuel, little progress has been made towards the elimination of domestic pollution.

Offensive Trades.

Very frequent inspections have been made of the only offensive trade in the area, namely that of gut scraping.

Factories and Workshops.

Parts 1 and 8 of the Act fall within the administrative responsibility of this Authority. The following tables give a summary of the action taken.

FACTORIES ACTS, 1937 to 1959
INSPECTION FOR PURPOSES OF PROVISIONS AS TO
HEALTH.

(Including Inspections made by Public Health Inspector).

	No. on Register	Number of:—		
		Inspections	Written Notices	Occupiers prosecuted
1. Factories in which Section 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	14	16	—	—
2. Factories not included in (1) in which Section 7 is enforced by the Local Authority	30	38	2	—
3. Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) ..	20	33	—	—
TOTAL	64	87	2	—

OUTWORK.

Nature of Work	No. of Out-workers in August list required by Sec. 110 (1)	Section 110			Section 111	
		No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in un-wholesome premises	Notices Served	Prosecutions
WEARING APPAREL:—						
Making, etc. ..	18	—	—	—	—	—
Cleaning and washing	—	—	—	—	—	—
Textile Weaving ..	—	—	—	—	—	—
TOTAL ..	18	—	—	—	—	—

CASES IN WHICH DEFECTS WERE FOUND

(If defects are discovered on two, three or more separate occasions, they should be reckoned as two, three or more cases).

				No. of cases in which defects were found				Number of cases in which Prosecutions were instituted
				Found	Remedied	Referred :		
						to H.M. Inspector	by H.M. Inspector	
Want of cleanliness	..	..	4	4	—	—	—	
Overcrowding	..	..	—	—	—	—	—	
Unreasonable temperature	..	..	—	—	—	—	—	
Inadequate ventilation	..	..	—	—	—	—	—	
Sanitary Conveniences :—								
Insufficient	..	..	1	1	—	—	—	
Not separate for sexes	..	..	—	—	—	—	—	
Unsuitable or defective	..	..	2	2	—	1	—	
Other offences against the Act (not including offences relating to Outwork)	..	..	1	1	—	—	—	
Total	..	..	8	8	—	1	—	

SANITARY INSPECTION OF AREA

Infectious Disease Prevention

Inspections	...	...	...	...	...	...	12
Further Enquiries	...	...	...	...	...	...	11
Disinfections	...	...	...	...	...	...	3
Schools Disinfected	...	...	...	...	...	...	—
Miscellaneous Visits		...	...	...	...	...	7
Scabies Visits	...	...	...	...	...	...	—

Milk and Dairies

Inspection of Cowsheds and Dairies	...	...	...	...	...	30
Milk Samples taken	...	...	...	...	...	—

Food and Drugs Inspections

Meat Inspections	...	...	...	...	...	36
Bakehouses	...	...	...	...	...	42
Food Inspection	...	...	...	...	...	30
Ice Cream Inspections	...	...	...	...	...	52
Water Sampling	...	...	...	...	...	4
Fish Shop Inspections	...	...	...	...	...	38

Housing

Houses Inspected and Recorded	...	...	...	...	...	126
General Surveys	...	...	...	...	...	151
Public Health Act Inspections	...	...	...	...	...	342
Re-visits	...	...	...	...	...	411
Council Houses	...	...	...	...	...	55

Sanitary Matters

Inspection of Nuisances	...	...	...	...	...	287
Inspection of Vereminous Premises	...	...	...	...	...	18
Inspection of Privies	...	...	...	...	...	12
Inspection of Piggeries	...	...	...	...	...	48
Inspection of Rat Infestations	...	...	...	...	...	640
Inspection of New Drains	...	...	...	...	...	111
Drains Tested	...	...	...	...	...	89
Smoke Observations	...	...	...	...	...	11

GARFORTH URBAN DISTRICT COUNCIL

ANNUAL REPORT

of the

PUBLIC HEALTH INSPECTOR AND
CLEANSING SUPERINTENDENT

(R. A. NAYLOR, C.R.S.H., M.A.P.H.I.)

for the year

1 9 6 3

To the Chairman and Members of the
Garforth Urban District Council.

Mr. Chairman, Madam, and Gentlemen,

I beg to submit my Annual Report for the year 1963. Many details of inspections are included in the Report of the Medical Officer of Health.

Housing.

During the year, due to the slowness of the completion of building contracts, only 15 council dwellings were completed out of a programme of 26 two bedroom houses and 32 two bedroom bungalows. This, of course, delayed the rehousing of tenants from condemned houses, but it is gratifying to note that at the time of writing this report most of the houses and bungalows have now been handed over and a further contract for 100 dwellings has been commenced. The Council at present own 1,552 houses and bungalows (547 at Garforth, 491 at Kippax, and 514 at Allerton Bywater), representing 28% of all the houses in the area.

Extensive housing development by private enterprise for sale continued throughout the year and 291 houses were completed and many more were in varying stages of construction. A sample survey taken of the occupants of these new dwellings reveals, however, that fully 95% are persons from outside the urban district, mainly from the city of Leeds. It can be appreciated therefore that

even in the face of the tremendous activity in providing houses for sale, there remains a very heavy demand for houses to rent from families living within the urban district boundaries. This is confirmed by the fact that at the end of the year under review the number of outstanding applications for council owned accommodation had increased once again. The situation at the 31st December, 1963 regarding applications for council dwellings was as follows:—196 at Garforth, 167 at Kippix, and 198 at Allerton Bywater, making a total of 561, an increase of 108 on last year's figure.

The fact that the Council embarked upon a scheme to increase the provision of bungalows for the aged helped to some extent in making available a number of two and three bedroom houses for families, but many more old persons' dwellings will be required before the demand is satisfied. At present the number of applications for bungalows is as follows:—102 at Garforth, 81 at Kippax, and 74 at Allerton Bywater, showing an increase over last year's figure of 39. The warden service for old people living in council bungalows was further extended during the year, and the provision of an intercommunication system between each dwelling and the warden's house proved to be of great help, and was much appreciated by the tenants. The community hall constructed at Garforth to serve the needs of the tenants of the aged persons' bungalows proved to be a great success and it is hoped that more developments on these lines will be undertaken.

As previously reported the main programme of slum clearance has been completed, but small areas of unfit houses will, of necessity have to be demolished in the near future. During the past year a further 14 houses were represented as being unfit for habitation and Demolition Orders were made in every case, making the total of houses dealt with 394 in post war years, 66 at Garforth, 204 at Kippax and 124 at Allerton Bywater. The Council decided upon a policy of purchasing sites rendered vacant by slum clearance, and this is much to be commended as it will, in the future, enable small areas of land, formerly under the ownership of numerous different landlords, to be re-developed as one comprehensive scheme.

The following tables give details of slum clearance progress since 1947:—

Year	Allerton Bywater	Garforth	Kippax
1947	4	—	4
1948	25	1	8
1949	1	—	16
1950	9	—	11
1951	7	—	19
1952	1	—	11
1953	9	28	15
1954	19	—	12
1955	7	—	20
1956	6	10	32
1957	28	12	5
1958	7	7	12
1959	—	1	9
1960	1	4	—
1961	—	2	9
1962	—	1	7
1963	—	—	14
Totals ..	124	66	204

	Allerton Bywater	Garforth	Kippax	Total
Number of houses represented	124	66	204	394
Number of families rehoused	123	66	192	381
Number of persons rehoused	406	214	638	1258
Number of undertakings accepted to repair or not to use for human habitation ...	—	9	6	15
Number of families still to rehouse	1	—	12	13
Number of new houses erected	306	310	319	935
Percentage of houses built allocated to slum clearance	40.1%	21.3%	60.2%	40.8%

Sanitary Accommodation.

Very little remains to be done to improve the standard of sanitary accommodation in the area as 99.36% is already on the water carriage system. The few remaining privies are situated at houses so far from sewers as to make it economically impossible to carry out conversions. An investigation was made during the year to explore the possibility of extending sewers to a number of houses at present on cesspool drainage.

Improvement of Houses.

During the year a vigorous policy of encouraging owners to modernise properties by the installation of bathrooms by the aid of a grant was pursued. The Council assisted in every way possible to further this worthwhile cause, and their generous interpretation of their powers to make loans to cover the owners' proportion of the cost of works involved, helped towards the success achieved.

Further areas were surveyed and chosen for systematic attention, and owners in these areas were contacted both personally and by letter to explain the benefits which could be derived from Improvement Grants. Whilst nothing like one hundred percentage response was achieved, at least this system was responsible for bringing in a steady flow of enquiries and applications for grants, mostly, I regret to say, from owner-occupiers. Landlords of tenanted properties still seem reluctant to voluntarily improve sub-standard properties, even with the aid of improvement grants and the permitted rise in rent from 8% to 12½%. It is hoped that the compulsory powers to be included in the Housing Act, 1964, will be responsible for a rapid increase in the number of houses to be improved, otherwise, it will be many, many years before large numbers of houses are provided with the standard amenities. It is very difficult to understand why every owner occupier in the area does not rush forward to avail themselves of the Improvement Grant Scheme, as one has only to compare some of the improved houses with sub-standard houses around, to realise what a remarkable transformation can be achieved, at relatively small cost to the owner.

However, progress in this area has been such as to put a certain amount of strain on local building labour resources as many builders seem to prefer to concentrate

on the erection of new houses rather than the more onerous task of improving and repairing older type properties.

During the year under review, 105 applications for Standard Grants were approved compared to 70 in the previous year. As mentioned before however, the lack of response from landlords of tenanted property is made apparent by the fact that 92 of the applications approved were from owner-occupiers and only 13 from landlords. In the same period standard amenities were installed and works completed at 82 houses resulting in the provision of 66 baths, 71 wash hand basins, 55 hot water systems, 82 internal W.C's and 11 food stores.

Two applications for Discretionary Grants were received and approved, both from owner-occupiers.

Once again it was gratifying to find that at the same time as standard amenities were being provided many more improvements and repairs were carried out.

The following table gives a summary of sanitary improvements effected during 1963:—

Interior of Houses.

Floors repaired or renewed	...	...	...	21
Walls and ceilings replastered	...	...	...	52
Dampness abated	...	...	...	33
New glazed sinks provided	...	...	...	61
Windows enlarged or repaired	...	...	...	65
Doors repaired or renewed	...	...	...	23
Cooking ranges repaired or renewed	...	...	...	56
Water supplies improved	...	...	...	63
Baths provided	...	...	...	66
Hot water supplies provided	...	...	...	55
Wash hand basins installed	...	...	...	71
Internal W.C's provided	...	...	...	82
Food Stores improved	...	...	...	16

Exterior of Houses.

Roofs repaired	...	...	...	71
Eavesgutters repaired or renewed	...	...	...	32
Walls pointed	...	...	...	54

Exterior of Houses—continued

Walls rendered	...	...	...	...	...	8
Yards paved	...	...	...	...	...	7
Boundary walls repaired	...	...	...	...	...	12
Chimney pots renewed	...	...	...	...	...	15

Drainage.

Drains cleared from obstruction	...	...	...	...	212
Defective drains relaid	...	...	...	...	70
Inspection chambers provided	...	...	...	...	82
Cesspools abolished	...	...	...	...	2
Soil pipes repaired	...	...	...	...	14
Septic Tanks provided	...	...	...	...	1

Sanitary Accommodation.

W.C. pedestals renewed	...	...	...	...	27
W.C. cisterns renewed	...	...	...	...	18
Additional W.C's provided	...	...	...	...	19
Privies converted to W.C's	...	...	...	...	—
Ashpits abolished	...	...	...	...	2
Dusbins renewed	...	...	...	...	591

Meat and Food Inspection

There is no slaughtering carried out in this Urban District as the local retailers purchase their meat from wholesalers in Leeds and Castleford. Periodic inspections have, however, been made of meat and other foods at local shops.

The following table gives details of food condemned as being unfit for human consumption. Three complaints were received of foreign substances being present in food purchased from shops in the area and investigations were made. In two cases warnings were given to the traders concerned, but no legal proceedings were considered necessary.

Beef (home killed)	...	...	125 lbs.
Beef (imported)	...	...	286 lbs.
Mutton (imported)	...	...	202 lbs.
Pork (home killed)	...	...	128 lbs.
Bacon	...	...	80 lbs.

Ham	...	...	...	...	74 lbs.
Fish	...	...	...	...	140 lbs.
Soft Fruit	...	...	...	...	126 lbs.
Meat and Meat Products	...	...	...	...	63 tins
Mixed Fruits	...	...	...	...	28 tins
Cream and Milk	...	...	...	...	18 tins

Bakehouses.

The four bakehouses in the area were regularly inspected and in all 42 inspections were made. Generally speaking, a very high standard of hygiene was maintained, due, no doubt to the fact that all the operations were under the personal supervision of owners who, at all times, were very amenable to suggestions for the improvement of methods.

Ice Cream.

No manufacturers of Ice Cream are situated in the area but there are 61 retailers registered. All these premises are provided with satisfactory refrigeration and washing facilities. The practice of manufacturers of ice cream not supplying retailers until the premises have been inspected and registered by this department helps greatly in maintaining adequate supervision.

Preserved Foods.

During the year a survey of all the 22 premises registered for the preparation and sale of preserved foods was carried out, and the attention of the occupiers was drawn to any defects found to exist. 62 follow-up inspections were carried out to ensure that the defects noted had been remedied and it is very gratifying to record that in the vast majority of cases immediate action had been taken.

Food Hygiene.

Systematic inspections of food premises in the area have shown that generally, the food traders are becoming more and more hygiene conscious, and due, no doubt, to the fact that more competition is being introduced into the area they are realising that not only is cleanliness desirable but that it is a sound commercial proposition.

The practice of submitting all plans for new shops to this Department for examination prior to approval, has

ensured that right from the start all new food premises were made to comply fully with the Food Hygiene Regulations.

Set out below is a list of food premises in the Urban District.

Fried Fish	...	...	15
Greengrocers	...	...	9
Butchers	...	...	17
Grocers	...	...	57
Sweets, etc.	...	...	18
Confectioners	...	...	11
Chemists	...	...	4
Canteens	...	...	5
Licensed Premises	...	...	21

Milk and Dairies Regulations.

The Urban District is a specified area and all milk sold is either tuberculin tested or heat treated.

There are no producer-retailers in this area and all milk sold is obtained from the large dairy combines. The construction of a refrigerated milk storage depot in Garforth for the reception of bottled milk from a large dairy firm, enables the local retailers to obtain milk each morning in a fresh, wholesome condition. This improvement in the system of distribution has been of great benefit to the consumers.

Prevention of Damage by Pests Act.

The Pest Destruction organisation under contract to the Council have carried out their work throughout the year with great efficiency. As previously reported, the fact that this firm have contracts with many farmers and small-holders in this area enables them to give a very comprehensive treatment.

The following table gives details of work carried out during the year:—

	TYPE OF PROPERTY				
	Non-Agricultural				(5) Agricultural
	(1) Local Authority	(2) Dwelling Houses (including Council Houses)	(3) All other (including Business Premises)	(4) Total of Columns (1), (2) & (3)	
1. Number of properties in Local Authority's District	12	5,576	215	5,803	33
2. Total number of properties inspected as a result of notification	2	68	12	80	6
Number of such properties found to be infested by :—					
Common Rat Major	—	—	—	—	—
Minor	—	60	9	69	6
Ship Rat Major	—	—	—	—	—
Minor	—	—	—	—	—
House Mouse Major	—	—	—	—	—
Minor	—	8	3	11	—
3. Total number of properties inspected in the course of survey under the Act	12	62	19	93	5
Number of such properties found to be infested by :—					
Common Rat Major	1	—	—	1	—
Minor	3	31	7	41	3
Ship Rat Major	—	—	—	—	—
Minor	—	—	—	—	—
House Mouse Major	—	—	—	—	—
Minor	2	6	3	11	2
4. Total number of properties otherwise inspected (e.g. when visited primarily for some other purpose)	—	275	36	311	11
Number of such properties found to be infested by :					
Common Rat Major	—	—	—	—	—
Minor	—	30	7	37	4
Ship Rat Major	—	—	—	—	—
Minor	—	—	—	—	—
House Mouse Major	—	—	—	—	—
Minor	—	4	5	9	1

	TYPE OF PROPERTY				
	Non-Agricultural				(5) Agricultural
	(1) Local Authority	(2) Dwelling Houses (including Council Houses)	(3) All other (including Business Premises)	(4) Total of Columns (1), (2) & (3)	
5. Total inspections carried out—including re-inspections	63	503	74	640	28
6. Number of infested properties (in Section II, III, IV) treated by the L.A.	6	139	20	165	—
7. Total treatments carried out — including re-treatments.	28	158	28	214	—

Clean Air Act, 1956.

As mentioned in the Report of the Medical Officer of Health, there is no problem in this area from industrial smoke since the electrification of the collieries.

It is hoped, in the future, that progress can be made in the control of domestic smoke, as the Council have agreed to consider a report on the subject. The vexed question of miners' concessionary coal and the availability of solid smokeless fuels has, of course, been the reason for lack of progress in this field.

Caravan Sites.

The only licensed caravan site in the area with permanent planning permission has once again, been conducted on very good lines. Further improvements have been made during the year including the provision of properly paved roads round the whole site, and the extension of garden areas and car parking facilities.

The smooth running of this residential caravan site is, no doubt, due to the fact that the owner lives on the site and maintains strict supervision.

Petroleum Storage.

There has been no change in the number of Petroleum Storage licences issued during the year. At present 23 installations are licensed, the total storage capacity being 59,050 gallons. 10 of the licences issued were for petrol filling stations and 13 for the private use of tradespeople.

The policy of the Council of accepting the assistance of the West Riding County Council Fire Service has proved extremely useful. The experienced officers of the Fire Service carry out an annual inspection of all premises, and submit a very detailed report on the same prior to the issue of licences to store petrol. Any of their recommendations are included in the conditions of licence, and by this method much stricter control can be enforced. I would like to take this opportunity of thanking the Officers of the Fire Service for their very efficient work during the past year.

Refuse Collection and Disposal.

The very extensive growth of housing development in the district has, naturally, brought as a consequence, much more work to the Cleansing Department.

Modern housing sites of detached and semi-detached properties greatly increase the distances travelled by the

men in fetching out the bins to the refuse collection vehicle, and the lack of rear access roads further aggravates the problem.

The co-operation of the Engineer & Surveyor's Department in consulting this Department on the layout of new estates has been much appreciated. Architects and planners in their commendable zeal in endeavouring to produce a pleasant estate, many times fail to realise the difficulties involved in refuse collection. On more than one occasion, however, developers have been persuaded to alter the layout of estates to facilitate the collection of household refuse.

It is apparent from year to year that refuse is becoming much bulkier, and less and less bins can be collected per load. This of course, strengthens the argument in favour of larger capacity collection vehicles and the two dual-tip machines now in use have more than proved their worth. Rear loading of these vehicles has brought an improvement in dustless loading and provided better working conditions for the men engaged on this essential work. Here, I think it would be very remiss of me if I did not thank the foreman and workmen of my department for their continued loyalty and conscientious work throughout the year. Without their willing co-operation it would have been impossible to maintain the service at its present high standard.

Much thought will have to be given in future years to the disposal of refuse, as, with the erection of many more new housing estates, areas which formerly could be considered for the tipping of refuse, are now in such close proximity to houses as to make the very rigid control of disposal methods an absolute essential. Some mechanical aids to provide speedy and adequate cover to freshly tipped refuse will, of necessity, have to be provided.

However, even in face of these difficulties a very good service has been provided and apart from delays occasioned by holiday periods a weekly service has been maintained.

Salvage of saleable materials continued throughout the year, but the low price obtained for baled waste paper has resulted in a slight drop in income even though more tonnage was recovered.

The following table gives details of salvage sold and income received during 1963:—

Salvage Sold during period 1st January — 31st December, 1963

		Tons	Cwts.	Qrs.	Lbs.		£	s.	d.
Waste Paper	...	68	1	3	0	...	298	11	9
Rags	... ..	7	4	1	0	...	109	0	8
Aluminium	...		7	3	12	...	32	7	4
Brass	... ..		3	1	21	...	19	16	0
Lead	... ..		7	3	24	...	11	4	2
Scrap Iron	...	4	16	0	0	...	34	14	0
Total		81	1	1	1	...	£505	13	11

In conclusion may I once again thank the Chairman and Members of the Council, and in particular the Chairman of the Public Health Committee, for their kindness and co-operation throughout the year. I must also place on record my thanks for the willing help and encouragement I have received from Dr. Taylor and other officials of the Council.

Much of the credit for the success of the year's work must of course go to Mr. Cockerham, your Additional Health Inspector.

I am, Mr. Chairman and Members,

Yours faithfully,

R. A. NAYLOR,

Public Health Inspector.

